| PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2001 |                                          |                                          |                                       |                  |              |                                   |       | Application or Docket Number  10065319 |               |      |                     |                    |
|----------------------------------------------------------------------|------------------------------------------|------------------------------------------|---------------------------------------|------------------|--------------|-----------------------------------|-------|----------------------------------------|---------------|------|---------------------|--------------------|
|                                                                      |                                          |                                          |                                       |                  |              |                                   |       |                                        |               |      |                     |                    |
| To                                                                   | OTAL CLAIMS                              |                                          | (Column 1)                            |                  | (Column 2)   |                                   |       | TYPE                                   |               | OR   |                     | R THAN<br>. ENTITY |
|                                                                      |                                          |                                          | 30                                    |                  |              |                                   |       | RATE                                   | FEE           | ]    | RATE                | FEE                |
| FOR                                                                  |                                          |                                          | NUMBER FILED                          |                  | NUMBER EXTRA |                                   |       | BASIC F                                | EE 370.00     | OR   | BASIC FE            | 740.00             |
| TOTAL CHARGEABLE CLAIMS                                              |                                          |                                          | 30 minus 20=                          |                  | • 10         |                                   |       | X\$ 9=                                 | ·             | OR   | X\$18=              | 180                |
| INDEPENDENT CLAIMS                                                   |                                          |                                          | 2_minus 3 =                           |                  | * 0          |                                   |       | X42=                                   | +             | OR   | You                 | 1/80               |
| ML                                                                   | JLTIPLE DEPEI                            | NDENT CLAIM P                            | REŠENT                                |                  |              |                                   |       | 1140                                   | +             | 7    |                     |                    |
| * 11                                                                 | the difference                           | e in column 1 is                         | less than zero, enter "0" in column 2 |                  |              | l                                 | +140= |                                        | OR            |      |                     |                    |
| CLAIMS AS AMENDED - PART II                                          |                                          |                                          |                                       |                  |              |                                   |       | TOTAL                                  | ·             | OR   | TOTAL               | 120                |
| (Column 1) (Column 2)                                                |                                          |                                          |                                       |                  |              | (Column 3)                        | ·. :  | SMALI                                  | L ENTITY      | OR   | OTHER<br>SMALL      |                    |
| ۷                                                                    |                                          | CLAIMS<br>REMAINING .                    |                                       | HIGH<br>NUM      |              | PRESENT                           | ſ     |                                        | ADDI-         | 1    |                     | ADDI-              |
|                                                                      |                                          | AFTER AMENDMENT                          |                                       | PREVIO           |              | EXTRA                             | RATE  |                                        | TIONAL<br>FEE | ·    | RATE                | TIONAI<br>FEE      |
| AMENDMENT                                                            | Total                                    | . 30.                                    | Minus                                 | **               | 30           |                                   |       | X\$ 9=                                 |               | OR   | X\$18=              | , ree              |
| ME                                                                   | Independent                              | • 5                                      | Minus                                 | ***              | 3            | = 2                               | Ì     | X42=                                   |               | 1    |                     | 1504               |
|                                                                      | FIRST PRESENTATION OF MULTIPLE DEPENDENT |                                          |                                       |                  | CLAIM        |                                   | ŀ     | 742=                                   |               | OR   | X8 <b>6</b> =       | 1,100              |
|                                                                      |                                          |                                          |                                       |                  |              |                                   |       | +140=                                  | •             | OR   | +280=               |                    |
|                                                                      |                                          |                                          | •                                     | 4.3              |              |                                   | ···A  | TOTA<br>ODIT. FE                       |               | OR   | TOTAL<br>ADDIT, FEE |                    |
|                                                                      |                                          | (Column 1)                               |                                       | (Colur           |              | (Column 3)                        |       |                                        |               | •    |                     |                    |
| 8                                                                    |                                          | REMAINING                                |                                       | NUM              |              | PRESENT                           |       | DATE                                   | ADDI-         |      |                     | ADDI-              |
| AMENDMENT                                                            |                                          | AFTER<br>AMENDMENT                       |                                       | PREVIO<br>PAID   |              | EXTRA                             |       | RATE                                   | TIONAL<br>FEE | 1 1  | RATE                | TIONAL<br>FEE      |
|                                                                      | Total                                    | •                                        | Minus                                 | **               |              | -                                 | Γ     | X\$ 9=                                 |               | OR   | X\$18=              |                    |
|                                                                      | Independent                              | *                                        | Minus                                 | 488              |              | 2                                 | ŀ     | X42=                                   |               |      | X84=                |                    |
| L                                                                    | FIRST PRESE                              | NTATION OF MI                            | ULTIPLE DE                            | PENDENT          | CLAIM        |                                   | ŀ     |                                        | <del> </del>  | OR   | A04=                |                    |
|                                                                      |                                          |                                          |                                       | •                |              |                                   | L     | +140=                                  |               | OR   | +280=               |                    |
|                                                                      |                                          |                                          | A :                                   | •••              |              |                                   | Al    | TOTAL<br>DDIT. FEE                     |               | OR   | TÖTAL<br>ADDIT, FEE |                    |
|                                                                      |                                          | (Column 1)<br>CLAIMS                     |                                       | (Colum           |              | (Column 3)                        |       |                                        |               |      |                     |                    |
| AMENDMENT C                                                          |                                          | REMAINING<br>AFTER                       |                                       | NUME             | BER          | PRESENT                           | Γ     |                                        | ADDI-         |      |                     | ADDI-              |
|                                                                      |                                          | AMENDMENT                                |                                       | PREVIO<br>PAID I |              | EXTRA                             |       | RATE                                   | TIONAL<br>FEE |      | RATE                | TIONAL<br>FEE      |
|                                                                      | Total                                    | *                                        | Minus                                 | **               |              |                                   | Γ     | X\$ 9=                                 |               | OR   | X\$18=              |                    |
|                                                                      | Indep-ndent                              | *                                        | Minus                                 | ***              |              | <b>3</b> · .                      | F     | X42=                                   |               |      |                     |                    |
|                                                                      | FIRST PRESE                              | NTATION OF MI                            | JLTIPLE DE                            | PENDENT          | CLAIM        |                                   | -     | A76=                                   |               | OR.  | X84=                |                    |
| • 1                                                                  | f the entry in colu                      | mn 1 is less than th                     | a entry in col                        | ımn 2 writa      | "N" in and   | ıma 3                             | L     | +140=                                  |               | OR   | +280=               | <u>v</u>           |
|                                                                      | the "Highest Nu                          | mber Previously Pa<br>mber Previously Pa | aid For IN TH                         | IS SPACE in      | loce than    | 20 100 200                        | AD    | TOTAL<br>DIT. FEE                      |               | OR A | TOTAL<br>ODIT, FEE  |                    |
| •                                                                    | The Highest Nun                          | nber Previously Pai                      | d For (Total o                        | r Independe      | nt) is the   | 13, enter "3."<br>high st number: |       |                                        |               |      |                     |                    |